

# FOUNDATION PHILOSOPHY DOCUMENT

SEPTEMBER 29, 2015



**Foundation** for a  
**Healthy St. Petersburg**

## INNAUGURAL LAUNCH

MAIN SOURCE OF PHILOSOPHY, APPROACH, VALUES FOR FOUNDATION



Foundation for a  
Healthy St. Petersburg

# Foundation Philosophy

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## Introduction

Our community's health challenges are complex. They are both a cause and a consequence of a number of social and other factors, including poverty, educational shortfalls, employment, safety, security, opportunity and lack of access to health services and activities.

Examining how these factors impact health and well-being will lead us to identify strategic and tactical partners, form alliances and implement strategies needed to promote good health and improve health systems.

The Foundation for a Healthy St. Petersburg (Foundation) is focused on population health. Population health is defined as: "The health outcomes of a group of individuals, including the distribution of such outcomes within the group."<sup>i</sup> The Foundation's defined population is the residents of St. Petersburg, Florida or unincorporated South Pinellas County. While we acknowledge that there are areas of need within Pinellas County that are outside of this defined area, the Foundation's geographical focus is guided by data outlined in the place-based section of this document to focus interventions that are intended to make the biggest impact on population health.

Health and health problems result from a complex interplay of a number of forces. An individual's health-related behaviors (particularly diet, exercise and smoking), community norms, societal pressures, surrounding physical environments and health care (both access and quality) all contribute significantly to how long and how well we live.<sup>ii</sup>

Health care for our purposes includes physical, oral and mental health care. While these are all critical to maximizing good health, the actual clinical care itself is not the main focus of the Foundation's attention. It is, however, a focus of the Foundation to have appropriate and ongoing access to those sources of this comprehensive health care in addition to the behaviors and physical environments referenced above.

The Foundation will utilize a comprehensive evaluation plan for all of the Foundation's approaches. This plan, adopted from the University of Wisconsin's model and deployed in Wisconsin for many years, has been adopted by the Robert Wood Johnson Foundation and other grant makers in health to utilize in measuring social determinants of health. Social determinants are the main intervention areas for the Foundation to improve population health in our defined area. To achieve health of this defined population, the Foundation will move forward with the following evaluation framework to measure grants, convening sessions, policies, and communications.

# Foundation Approach to Population Health

The Foundation is concerned with all aspects of population health including health behaviors, clinical care, social and economic factors and physical environment. A diagram of these factors can be seen below.

**Social Determinants Framework**



All activities of the Foundation will be measured and evaluated to the degree possible. The Foundation is dedicated to continuous impact improvement (CII). Continuous impact improvement is an ongoing effort to improve services or processes in terms of how the work impacts the geographic area of focus. This process will include assessing capacity of agencies in the community, analyzing gaps in programs and services in the community, and evaluation of both grantee programs and overall Foundation impact in the community.

Continuous impact improvement will be an iterative, ongoing process of Foundation “self-reflection”, evaluation, and reciprocal engagement with the community. Grants made, convening sessions that are held, communication efforts launched, and policy development will all tie back to the overall Foundation model of continuous impact improvement.

## Purpose

The mission of the Foundation for a Healthy St. Petersburg is ***to improve the health and well-being of our Community through initiatives that create sustainable, effective improvements to quality of life.*** Our approach is to cultivate compelling solutions to address our Community’s most important needs by leveraging collaborations and the sustained commitment of funders and advocates.

Our goal is to help develop solutions that generate sustained and measureable improvements to our Community’s health.

Our Guiding Principles - We are stewards of funds that must be used in the Community’s interest. We view ourselves as strategic investors; deploying resources creatively, collaboratively and effectively in advancing our Mission.

The Foundation will focus on serving residents of St. Petersburg and South Pinellas County in Florida to honor the origins of the Foundations resources. Please note, however, the Foundation will make investments outside this area for programs impacting residents of this area. Census tracts will be utilized in all data analyses to focus on identified interventions that are designed to improve health outcomes of a specific population based on trusted data.

## Funding Values

The Foundation’s funding philosophy is guided by a strong set of core values. These will be reflected in all aspects of our grant-making, convenings, research, communications and day-to-day activities as we interact with our community and pursue our mission.

**Accountable & Transparent** We are deeply committed to maintaining an open and transparent process with a focus on assessment and explicit outcomes. We will continually work to ensure that our community has a solid understanding of and access to our approach, processes, priorities, initiatives and evaluation processes.

**Collaborative** We embrace the value of bringing people together to cultivate trust in our community among providers, the community, and ultimately in the Foundation. We believe this trust is a key factor in the Foundation’s effectiveness to improve outcomes. Drawing on the collective expertise and experience of diverse stakeholders and consumers will greatly help to strengthen the health systems and programs that focus on our

underserved residents. We believe that five organizations working toward one goal independently cannot achieve as much as five organizations coordinated and collaborating when working toward one goal.

**Listen & Learn** We respect the deep-rooted understanding that the members of our community have about the health needs of the neighborhoods they know well. We listen. We will consistently integrate knowledge held by others into our work through a principle of listening to existing wisdom. We strive to share what we learn by establishing models of effective approaches and community initiatives, which can be replicated by other communities and Foundations.

**Evidence-Informed** We believe strongly in focusing our resources on the areas of the community with the highest need so that we can make the most profound impact possible. We will utilize research and ongoing assessment to ensure our actions are based on data-driven needs and evidence-based outcomes.

**Inclusive** We are dedicated to establishing processes and initiatives that invite and embrace all members of our community, particularly those who are often not engaged and included.

**Engage** Our work depends on our ability to engage the community, corporations and the public sectors together to benefit the community while supporting the providers and building sustainable partners to improve population health outcomes.

**Lead** We act when asked by the community. We lead convening sessions to achieve collaborative outcomes when gaps in needs are identified. We lead with data, policies, health messages, and funding when warranted to maximize the impact of private unrestricted resources that leverage public and other private sector resources.

**Compel Action** We believe our community has many strengths and many challenges. As an unbiased resource the Foundation will act in ways to compel action within the framework and approaches we take.

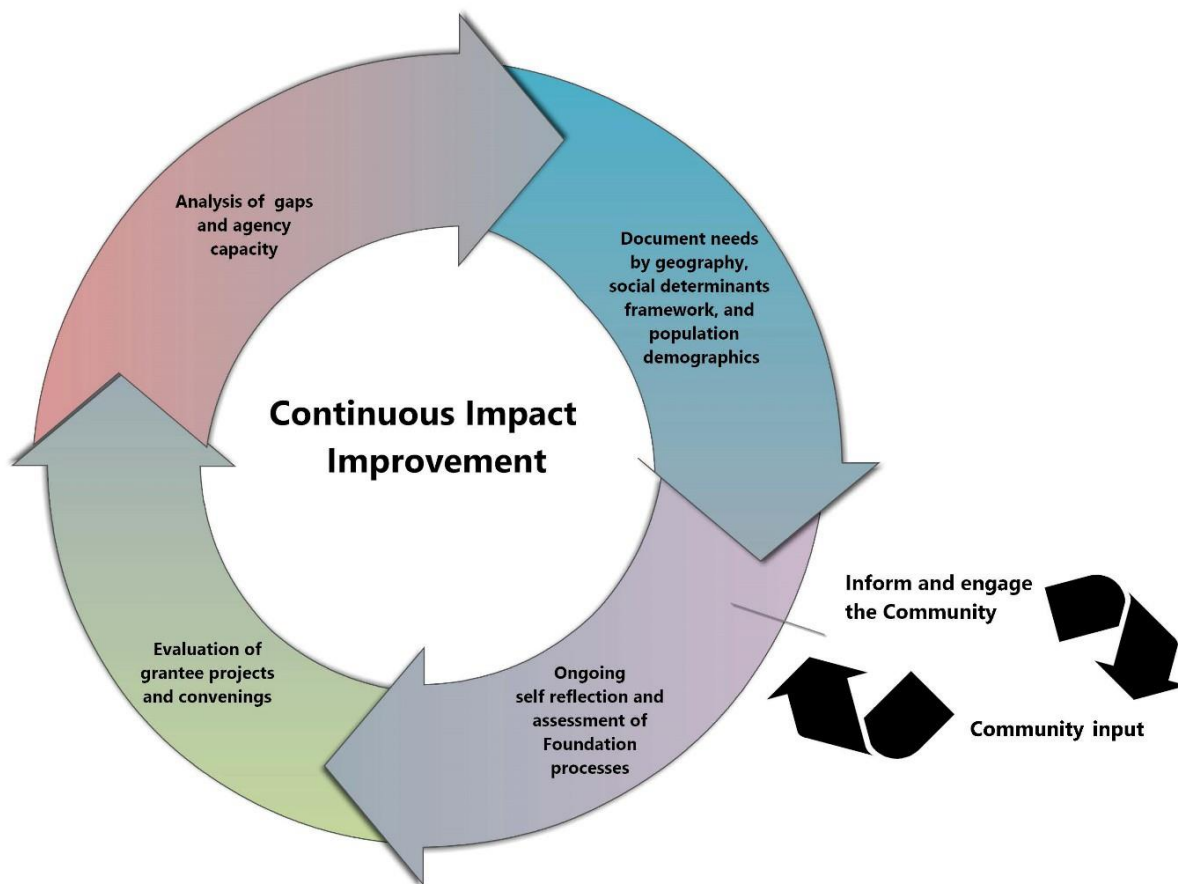
## Community Needs, Impact & Evaluation Section

### *Introduction*

There is a basic formula the Foundation will use to invest the range of resources and approaches (discussed later) to address community needs. Here are the operating principles related to needs documentation, impact assessment, evaluation, and continuous impact improvement.

### *Plan/Approach*

#### Foundation's Process for Continuous Impact Improvement



The overall cycle for documentation of needs, assessment of Foundation processes (grantmaking, convenings, communication and policy work), evaluation of grantee projects and convenings, and analysis of gaps and agency capacity is pictured above. This annual cycle will drive the continuous impact improvement of the Foundation and inform activities.

**Document Needs** The collection of needs data to date is included in Appendix A. This data will ultimately be organized by our social determinants framework categories and will be updated as new data are available. Further, this data will be presented whenever possible in a map form down to the census tract level. Not all needs

data will be available in that way. Demographics (race, age, gender, geography) will be identified for all needs data and compiled for each census tract based on the identified need (i.e. housing by demographics).

**Ongoing Assessment of Foundation Processes** The funding of grants, holding of convening sessions, launching of communication messages, and/or the launch of Policy work are all part of the Foundation processes. Ongoing assessment and evaluation of these activities will be undertaken both formally and informal. These Foundation processes (grantmaking, convening, communication and policy work) will be based on documentable needs.

Continuous impact improvement will include assessing capacity of agencies in the community, analyzing gaps in programs and services in the community, and evaluation of both grantee programs and overall Foundation impact in the community.

**Assessing agency capacity** Analysis of agency capacity will be undertaken and where there is a need for capacity building the Foundation will assess if it can be of assistance.

**Analysis of gaps** Determination of gaps in program availability within the community will be undertaken. The Foundation will create an inventory of programs available in the community and determine, through community engagement and analysis of gaps, where funding should be targeted.

**Evaluation** The Foundation will engage in both short term and long range or longitudinal evaluation. Short term evaluation- grantee projects and convenings funded by the Foundation will be assessed and monitored. Long range evaluation will examine the impact the Foundation has had over time on population health. The evaluation plan will consider how to include the context of the need so overall impact of the intervention can be measured.

Evaluation will include the elements involved in the Foundation's work:

- 1) Range of expertise of the funded entity (grantee) for evaluation – plans will be designed and separately funded based on the funded agency's capacity and level of evaluation expertise.
- 2) Type of intervention – evaluations will match the funded intervention's purpose. Each of the social determinants involved in the social determinants framework may need slightly different evaluations.
- 3) Longitudinal in nature, the external evaluation team will also ensure annual results are fed back to and inform the interventions tackled in future years.

**Reciprocal community engagement** - The results of the Foundation's work will be shared transparently with the community on an annual basis at a minimum. The staff will also ensure future work is informed by the past learnings from the lessons learned through the process of continuous impact improvement and from community input.

### **Principles of Needs, Impact and Evaluation**

- 1) The Foundation will be needs based. Needs are documented by:
  - a. US Census data whenever possible;
  - b. Local data that are known to be a reputable and reliable database (i.e. local health department, local economic studies, and local community assessments utilized to drive government reimbursements or funding);
  - c. Municipal (County, City)-level data published as studies / assessments from local government



- divisions;
  - d. National data applied to local populations where relevant and where local data are missing;
  - e. More than one data source where possible; and
  - f. Local research and data collected from other funders.
- 2) All needs data provided by community organizations and/or discovered by the Foundation will be vetted by the Director of Policy & Research to determine the validity and reliability of identified needs.
  - 3) Data will be used to evaluate activities, approaches and processes used by the Foundation. Data collection will include on an ongoing basis the following:
    - a. Use of an external evaluation team to design longitudinal data collection strategies based on the social determinants framework presented in this document.
    - b. An assessment and monitoring plan will be developed for each grantee project and for the convening process and convening projects. Data collection will be driven by the contents of these plans.
    - c. All CII and evaluation work will re-inform the design of future use of Foundation resources and will also inform adaptations necessary to the longitudinal evaluation plan.
    - d. Results of evaluation and assessment both formal and informal will drive data collection and negotiations with grantees to capture data. Results of evaluation and assessment both formal and informal will also assist in the evaluation design of grants, convening sessions, communication strategies launched, and policy/research development activities.
  - 4) Every effort will be made to capture data by geography (census tract), social determinant areas, and centered in the Foundation's approaches (grant making, convenings, communications efforts, and policy development/research).
  - 5) The Foundation will be a Place Based Foundation as defined by:
    - a. History of the main Hospital Service Area in South Pinellas County and St. Petersburg, Florida; and
    - b. Data at the Census Tract level within this defined geography.

Whenever possible, the Foundation will put activities of the Foundation in the context of the social determinants framework and the CII plan. The Foundation Board of Trustees Grant Strategy committee will review and influence the annual evaluation activity plan and the longitudinal evaluation plan.

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In Appendix A (available upon request to the staff) the current amalgamation of data collected can be found as illustrated in this table of contents.

## **Table of Contents**

- 1) **Demographics of Pinellas County**
  - a) Education
  - b) Transportation
  - c) Access to healthy food
  - d) Physical activity
  - e) Environmental quality
  - f) Crime, injury and safety
- 2) **Place-Based**
  - a) Poverty
  - b) Homelessness and housing instability
  - c) Unemployment

### **3) Overview of Pinellas County Health**

- a) Health Across the Lifespan
  - i. Maternal & child health
  - ii. School-aged and adolescent health
  - iii. Elderly
- b) Chronic Disease
  - i. Access to care
  - ii. Major causes of death
  - iii. Other chronic diseases
  - iv. Mental health
  - v. Substance abuse
- c) Infectious Disease
  - i. HIV & other sexually transmitted diseases
  - ii. Tuberculosis

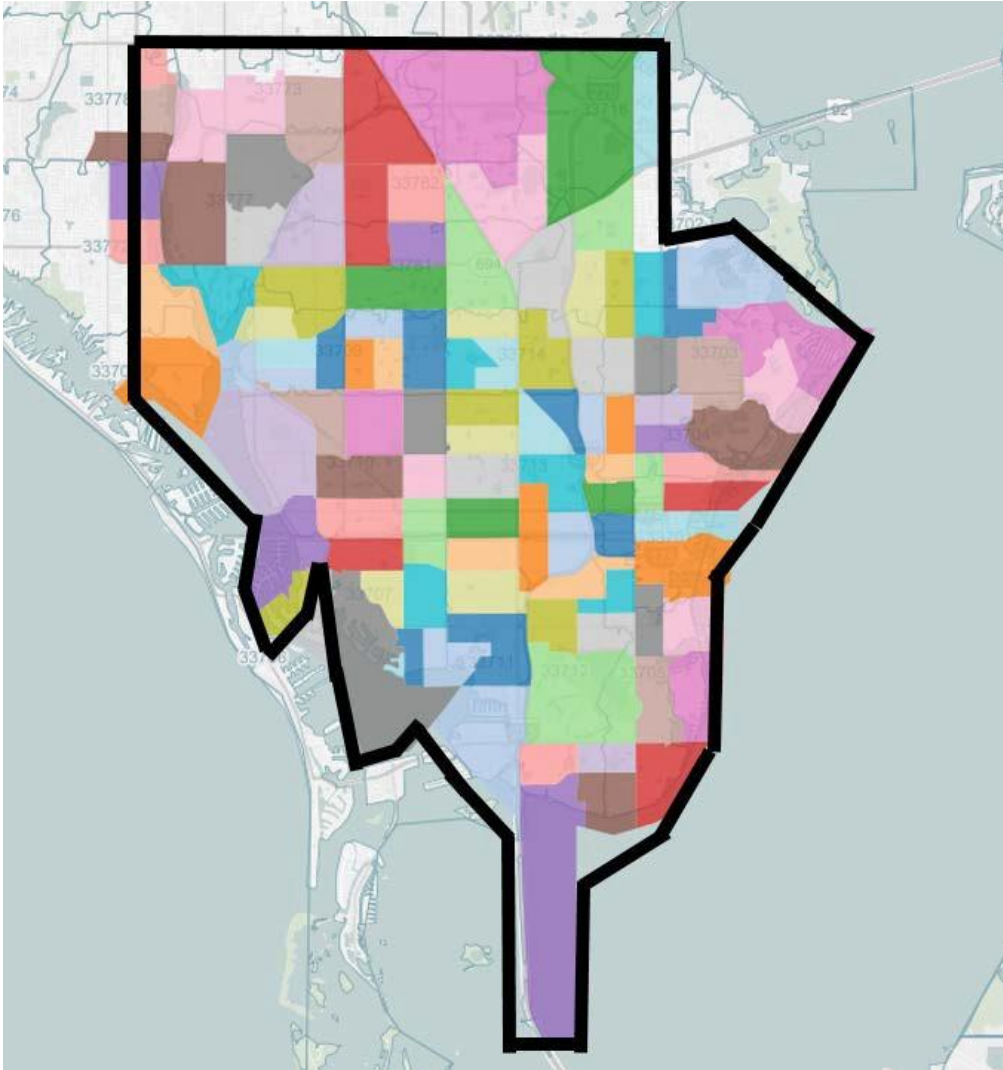
### **4) Disparities**

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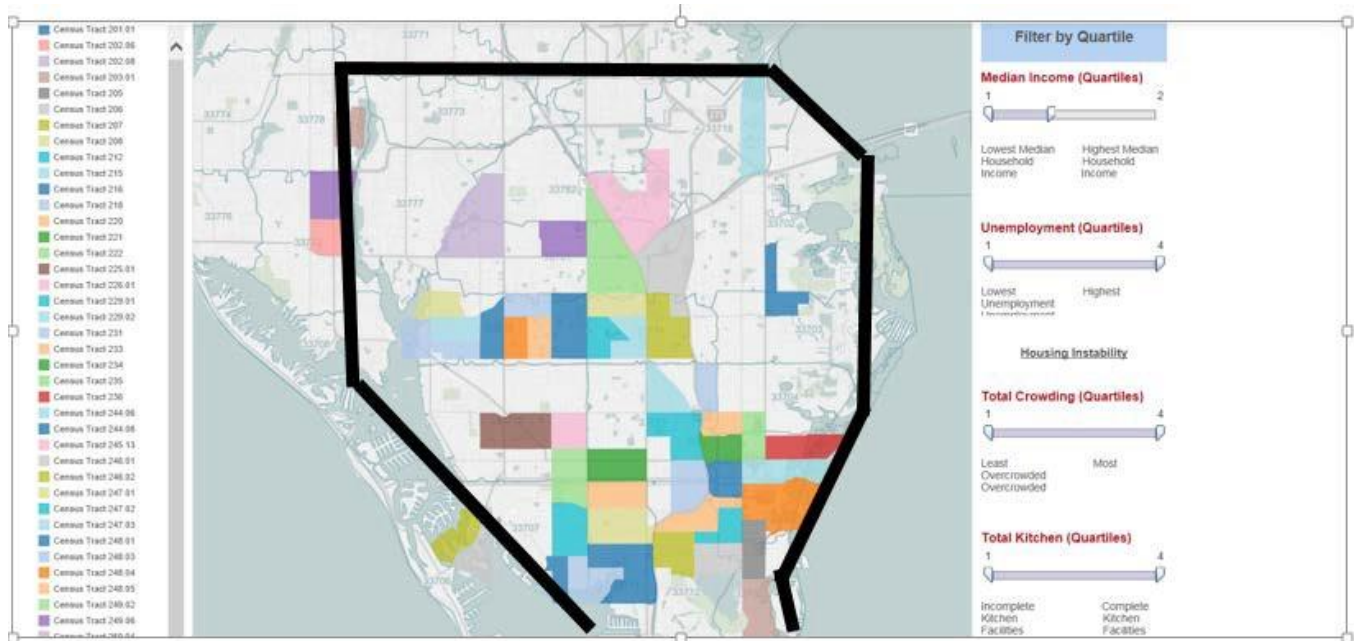
There is ample detail in Appendix A (available upon request to the staff) for the Place-Based selection, the maps on the next page illustrate: 1) a crude place-based map based on the natural topography/cultural dividing lines for the County (Ulmerton Road); and 2) a map that illustrates the use of a mapping feature that the Foundation will be using moving forward. This feature allows us, through the use of sliders, to adjust and adopt the various ways in which we map key data. We started with poverty, unemployment, and housing instability. The user can set the preferences using the sliders and find the results. Throughout the needs section in Appendix A there are ample sources that cite these three elements (poverty, unemployment, and housing instability). We have also presented this data (though not mapped yet) in table form based on quartiles to illustrate with census tracts are the worst at all three areas. Please feel free to explore this online mapping software:

<http://www.datadesignnetwork.com/healthy-st-pete>.

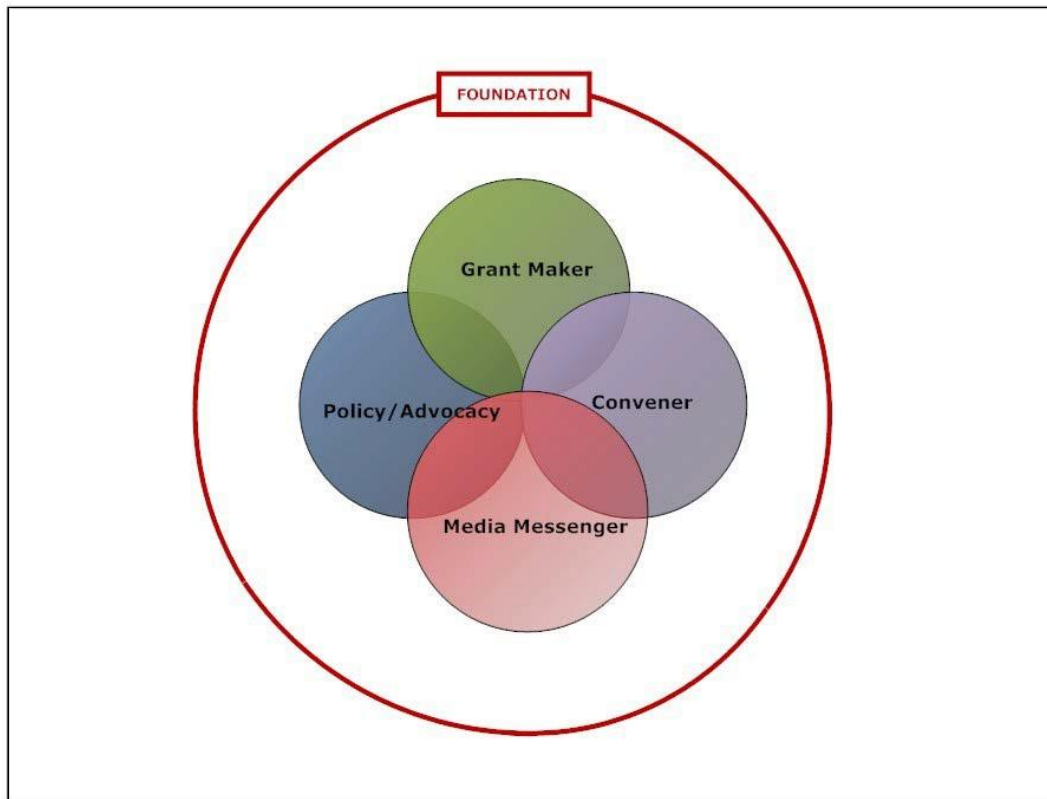
This map illustrates the current place-based definition based on cultural and topographical limits as well as the main catchment area for the former Hospital. The various colors are the census tracts that will be used to evaluate our work. Census tracts are not aligned as zip codes, though extractions up to the zip code level may be possible.



The map below is an example of the census tracts that exist in this catchment area. This heat map will light up census tracts that match certain criteria to help communicate the geographic areas in the highest (worst) quartiles. [Note, the quartile map is not quite ready yet]. The sliders are to the right of this picture.



## Foundation Vision and Approach



### Grant Making

#### Community engaged grant-making

The Foundation's top priority is to listen and engage with our community as much as possible to ensure that we earn the right to help convene and support interventions to improve population health in our community through the lens of the social determinants of health. As we launch the Foundation and embark on our first grant cycle in early 2016, we will grant funds in a *responsive manner*. Responsive translates to collecting ideas from the community rather than funding specific elements. This is another way to engage and listen to the wisdom of the providers who have been serving the community or have ideas to serve the community.

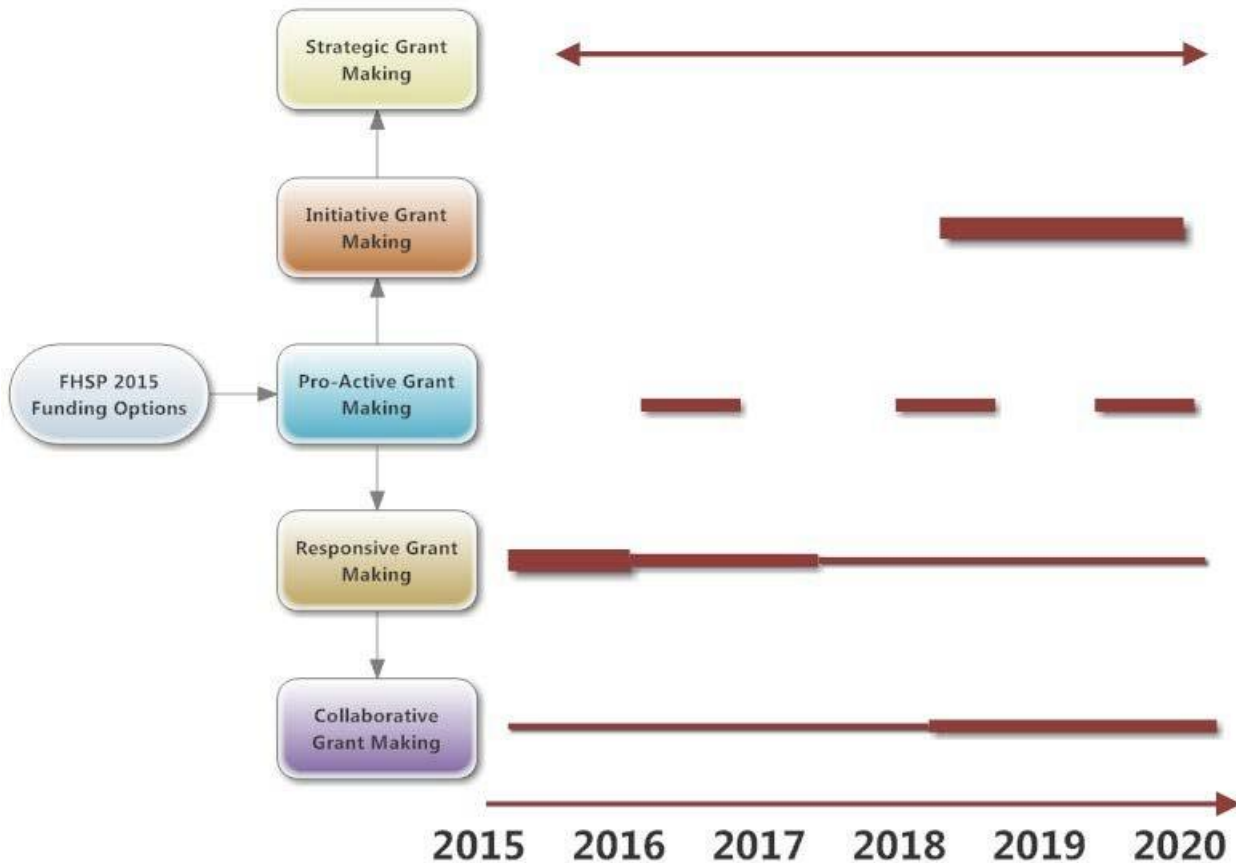
Our community providers know best what the residents and families in St. Petersburg are lacking and in the most need of receiving to achieve desired improved outcomes. We will gather as much information from our community and our potential grantees as possible to add data and insight into our local neighborhoods and learn how we can best engage with and assist providers and organizations. The chart below shows our projection of our strategic grant-making as we launch and in the coming years.

We will move, over time, from Field-based ideas to investment areas as we learn from our evaluation process what we are most effective in improving based on the resources identified. Further, the early experiences in field-based ideas for grant making will inform the Foundation as to who the leaders and community organizers are with

the most respect and spheres of influence. Engaging with the local leaders will be a key tactic and strategy of the Foundation’s moving forward.

The grant making approaches identified below illustrate the approach for the first five years to be informed and altered by the results of annual evaluation plans.

### FHSP Various Approaches Moving Forward



#### Letter of Intent (LOI) and Application

We believe that potential grantees should be provided with various choices for Foundation assistance in striving for successful, collaborative and sustainable programs with impactful outcomes. Each eligible applicant will be invited to submit up to three LOI’s with ideas for grant-funded program ideas, requests to convene and (or) requests for negotiated outcomes for the inaugural grant year. A request for Proposal will be released by December 1, 2015 with initial online LOIs due in mid-January 2016.

#### Outcome-driven and evidence-informed

The Foundation’s funding decisions will be driven by the strong establishment and documentation of evidence regarding the gaps in services and (or) the needs being addressed in project proposals. The Foundation will assist potential grantees in obtaining this information if appropriate.

## **Best Practices**

Best Practices refer to a technique or model that has been proven to be effective or has led to a desired result. We believe that studying and utilizing Best Practice models is efficient and cost-effective. We will assist applicants and grantees in identifying and modeling their programs after Best Practice models.

## **Negotiated Outcomes**

Often, organizations and providers are expected, by funders, to develop evaluation tools and submit outcomes as part of their grant-funded projects without being given adequate resources to do so successfully. We will work with applicants to provide resources, tools and technical assistance for evaluations and outcomes planning, as the Foundations determines necessary.

## **Convening**

### **Connecting and collaborating**

Bringing cross-sector stakeholders and organizations together to connect and collaborate on program ideas, identification of needs, to build relationships in a safe space and to streamline efforts is a top priority of the Foundation.

### **Funding initiatives**

We strive to work with our potential grantees to “get to a yes” as much as it is possible. We will invite organizations with shared interests and similar applications in to discuss possible collaborative funding opportunities and initiatives.

### **Facilitating community dialogue**

The Foundation will serve as a facilitator and a resource to our community in providing a space for brainstorming, building trust, learning together, sharing resources and information, listening to each other and ultimately working together to improve population health in our community. A critical component to engaging with our community is to also respect and acknowledge the leaders we are inviting to convenings. We will strive to have only decision-makers around the table for their respective organizations. We will also treat those invited to convenings as advisors to the Foundation and will pay each participant an honorarium to address the value of the work they are providing and to engage those persons who are often responsible for fundraising, including for their own salaries. This approach allows the Foundation to design programs with expertise. There is never any guarantee of funding for any participant at the convening table. The Foundation’s role is to provide a safe, comfortable, friendly environment where convening can occur pulling the best information into the room.

## **Policy, Research and Advocacy**

### **Policy analysis and research**

In order for the Foundation to impact policy and systems change and provide optimal technical assistance to our grantees and partners who are engaged in policy and systems work, we must invest time, energy and resources in building a strong internal policy and research arm. We must also utilize resources to bring in “best in class” experts from around the nation to assist in these efforts. We also strive to become a vital community resource in providing a library of online resources for our partners and grantees to easily access. The Foundation will also be creating an online Library for nonprofits and others to access including vetted information that is valued as documentation of needs for a variety of social determinant topics in our community.

## **Advocacy**

The advocacy community in our place-based focus area of St. Petersburg, the Tampa Bay area at-large and throughout the state plays a vitally important role in galvanizing and empowering community members and decision-makers to action on the many social determinants of health. The Foundation will play an important role in being a resource to the advocacy community in the following ways:

- a) Providing policy and research information to inform action steps, coalition-building and agenda-setting,
- b) Opportunities for groups to convene and explore collaborative advocacy initiatives together and
- c) Training on leadership and staff development working with funders on advocacy and the like, which is a longer-term goal of the Foundation.

## **Strategic Communications**

### **Use of Traditional and Digital Media**

The Foundation will proactively and strategically utilize all communications channels available as well as develop and implement public awareness campaigns to accomplish the following:

- a) Educating the local community and decision-makers of issues impacting, population health through the lens of the social determinants of health,
- b) Empowering local community members and decision-makers to take action on pressing issues impacting families in our focus areas,
- c) Connecting diverse stakeholders together through public campaigns with new perspectives and messaging and
- d) Publicly positioning the Foundation as a galvanizer and vital resource of information in improving the health of our community.



## Academy of Experts

The mission of the Foundation for a Healthy St. Petersburg is to improve the health and well-being of our community through initiatives that create sustainable, effective improvements to quality of life. We recognize that we cannot be experts in every area of content associated with the work we do. Our aim: ‘those communities with the poorest outcomes should have the best thinking from professionals with experience in bringing about community change. Therefore, to better serve the community, we intend to supplement our workforce with experts in various fields related to projects we fund.

There are three main functions for the Academy of Experts (AOE):

- 1) Grant Reviews – some will play a vital role in reviewing grants;
- 2) Evaluation Plans – some will play a role in helping craft program designs and/or evaluation plans by content area that represent the ‘best current thinking’ about how to measure impact and inform future program design while still bringing about improved outcomes.
- 3) Advisors – there are any number of roles that ongoing expertise will help in advising the Foundation’s work moving forward.

A timeline for recruiting and engagement with Academy of Experts is below.

